## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 703865** 

Apr 01, 2010 Secretary of State

Date

Entity Name: JAMES E. HOLMES REGIONAL MEDICAL CENTER AUXILIARY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1350 SOUTH HICKORY STREET MELBOURNE, FL 32901

**Current Mailing Address: New Mailing Address:** 

6450 US HIGHWAY 1 ROCKLEDGE, FL 32955

FEI Number: 59-1889057 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MATHIAS, DAVID E 6450 US HIGHWAY 1 US ROCKLEDGE, FL 32955

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

OLSEN, CAROL Name:

Address: 1350 SOUTH HICKORY STREET City-St-Zip: MELBOURNE, FL 32901

Title:

Name: ALLEN, JANET

Address: 1350 SOUTH HICKORY STREET City-St-Zip: MELBOURNE, FL 32901

Title: VΡ

ROGERS, MARY Name:

1350 SOUTH HICKORY STREET Address: City-St-Zip: MELBOURNE, FL 32901

Title:

Name: PALMER, SHERRY

1350 SOUTH HICKORY STREET Address: City-St-Zip: MELBOURNE, FL 32901

Title:

Name: GAIR, ALAN

1350 SOUTH HICKORY STREET Address: MELBOURNE, FL 32901 City-St-Zip:

Title:

WALTERS, PAT Name:

Address: 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901 City-St-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Ρ SIGNATURE: CAROL OLSEN 04/01/2010